



Hall Environmental Analysis Laboratory  
4901 Hawkins NE  
Albuquerque, NM 87109  
TEL: 505-345-3975 FAX: 505-345-4107  
Website: [www.hallenvironmental.com](http://www.hallenvironmental.com)

## Analytical Report

WO#: 1604B59  
Date Reported: 5/3/2016

<b>CLIENT:</b>	SWEFC	<b>Client Sample ID:</b>	TCR003
<b>Facility:</b>	063568423 Cochiti Lakes	<b>Collection Date:</b>	4/26/2016 12:45:00 PM
<b>Lab ID:</b>	1604B59-001A	<b>Received Date:</b>	4/27/2016 10:00:00 AM
<b>Location:</b>		<b>Preparation Date:</b>	4/27/2016 4:37:00 PM
<b>Matrix:</b>	Aqueous	<b>Compliance Safe:</b>	YES

Analyses	Result	Qual	Units	Date Analyzed
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### SM 9223B TOTAL COLIFORM

Analyst: tnc

#### SDWIS #

3000	Total Coliform	Absent	P/A	4/28/2016 4:39:00 PM
3014	E. Coli	Absent	P/A	4/28/2016 4:39:00 PM

### FIELD PARAMETERS

Analyst:

#### SDWIS #

Residual Chlorine, Free	0.67	mg/L
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John Caldwell  
Supervisor  
4901 Hawkins NE  
Albuquerque, NM 87109  
NMDOH Cert #: NM#0901

<b>Qualifiers:</b>	* Value exceeds Maximum Contaminant Level.	B Analyte detected in the associated Method Blank
	D Sample Diluted Due to Matrix	E Value above quantitation range
	H Holding times for preparation or analysis exceeded	J Analyte detected below quantitation limits
	ND Not Detected at the Reporting Limit	P Sample pH Not In Range
	R RPD outside accepted recovery limits	RL Reporting Detection Limit
	S % Recovery outside of range due to dilution or matrix	W Sample container temperature is out of limit as specified



Hall Environmental  
Analysis Laboratory

Sample Request ID No.

TCR # 3

4901 Hawkins NE - Albuquerque, NM 87109

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NM Certification# 0901

HEAL No.

1604B59-001

**Total Coliform Chain-of-Custody Record**

Client: <u>Cochiti Lakes Community</u>	WSS Code: <u>063568423</u>
Address: <u>835 TARPON AVE</u> <u>RIO RANCHO NM</u> <u>87124</u>	WSS Name: <u>COCHITI LAKES</u>
	Population < 1000: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Facility/Location:
Phone #: <u>505-379-5974</u>	Facility ID:
Email or Fax #: <u>AWO@Q.com</u>	<u>6515 HOOCHANEETA BLVD</u> Sampling Point ID: <u>TCR 3</u>
Water System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Community <input type="checkbox"/> Private <input type="checkbox"/> Other	Project Manager: <u>MICHAEL ALVAREZ</u>
	NMED Area Office:
Sample Information: <input type="checkbox"/> NMED <input type="checkbox"/> GW Source Assessment <input checked="" type="checkbox"/> Compliance <input type="checkbox"/> Grab sample <input type="checkbox"/> Non-Compliance <input type="checkbox"/> Other	Repeat Samples <input type="checkbox"/> Original Location <input type="checkbox"/> GW Source <input type="checkbox"/> Down Stream <input type="checkbox"/> Other Location <input type="checkbox"/> Up Stream
Reason for Sampling: <input checked="" type="checkbox"/> Routine Sample <input type="checkbox"/> Special Sample <input type="checkbox"/> NMED Monitor <input type="checkbox"/> GW Source Assessment	Original Sample # : Free Chlorine Residual <u>.67</u> mg/L Sample Temperature: <u>5.9</u> °C

Sample Collected By: (Signature)	Sampler (Print Name)	Sampler Certification #	Date Collected	Time Collected
<u>Michael Alvarez</u>	<u>Michael Alvarez</u>	<u>01418</u>	<u>4-26-16</u>	<u>12:45 PM</u>
Method/Analysis Request: <input checked="" type="checkbox"/> SM9223B/Colilert <input type="checkbox"/> Other				
Date: <u>4-27-16</u>	Time: <u>10:00 AM</u>	Relinquished By: <u>Michael Alvarez</u>	Received By: <u>[Signature]</u> <u>04/27/16 10:00</u>	
Custody Seal		<input checked="" type="checkbox"/> Present & Intact <input type="checkbox"/> Not Present	<input type="checkbox"/> Present & Damaged	
Date:	Time:	Relinquished By:	Received By:	

Custody Seal ☐ Present & Intact ☐ Not Present ☐ Present & Damaged

Remarks: